

June 24, 2003

Douglas P. Hagen, D.O.  
Union Plaza  
Suite 501  
1136 Union Mall  
Honolulu, HI 96813

Ph. 531-7966

Dear Dr. Hagen,

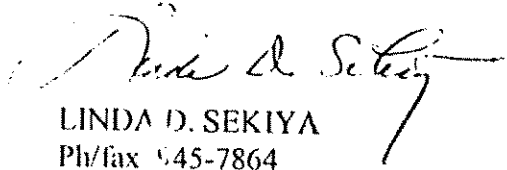
I am requesting a copy of my entire file to be mailed or faxed to my attorney (per his request) at the following:

Mr. Elbridge W. Smith  
Smith Himmelmann  
Attorneys at Law  
Davies Pacific Center  
Suite 909  
841 Bishop Street  
Honolulu, HI 96813

Ph. 523-5050  
Fax 538-1382

Also, I would appreciate one copy faxed to me at 945-7864.

Your cooperation on this matter would be sincerely appreciated.

  
LINDA D. SEKIYA  
Ph/fax 945-7864

**EXHIBIT** DD

000274

PROGRESS NOTE: ---Sekiya, Linda 10-30-00 H dragon

Patient presents with a number of serious complaints. Patient notes that she has had pain in the right heel since December 1999.

Evaluation of the right foot and leg reveals that the pain is in the anterior portion of the right plantar surface of the calcaneus worded shines with the plantar fascia. There is some pain along the anterior medial aspect of the calcaneus there is also a little anterior lateral calcaneal pain.

Palpation of the medial aspect of the distal thigh presents some tenderness. Good asleep wake-up the lateral aspect of the distal thigh presents a little tenderness. There is tenderness immediately posterior to the patella of the right leg. 1/4 to one-fifth of the way from the knee to the heel and there are two areas of mild to moderate discomfort the most discomfort being on the medial aspect of the proximal lower leg.

Patient notes tenderness at the distal aspect of the gastrocnemius muscle worded shines with this Soleus muscle. She states that the discomfort is minor.

Cool and stretch procedures were used to treat the distal thigh, the posterior calf and the plantar surface of the calcaneus and the attached plantar aponeurosis. The entire mechanism was then treated using counterstrain procedures to the cruciate ligaments, the hamstring muscles primarily on the lateral aspect of the thigh and ultimately the entire calf and gastrocnemius muscle masses and distribution and the plantar aponeurosis.

The above was followed by muscle energy procedures types I-II bilaterally to the gluteal area is, the pelvis and the thighs. This was followed by the scissors procedure to the lumbosacral sacroiliac area with good mobilization bilaterally. After repeat of the cool and stretch mechanism I suggested that the patient walk. She was afraid to bear weight on her right foot because of the pain that she has been having since December. She limits considerably less stated that she thought was guarding rather than pain. She use her crutches which have helped her to move since December and decided that she didn't hurt. Her pain was much reduced. Patient will be seen November 2.

11-2-2000 PT status 60-70° improved. but still walks & guarding

Treated both Calves + both feet for & cool + stretch. Some heel help.

the patella + 8 feet using application procedures - the patella higher using muscle energy by stretch -

the patella L5 S1 & Sacrum procedures - the specific check & firm to foot results  
then specific Cerv.

PT took some time to develop confidence in feet. used crutches - stated she felt confidence + walked & crutches to good results.

out

11-16-00 status met 10-30-11-20

000275

11-17-2000 FURTHER  
 Hx. Saw last time - Did foot massage rather enthusiastically →  
 plantar irritation → heel pain; kept working it → got worse -  
 Onset 11 Mo ago. Doesn't know exact instant if any (sitting on a rock)  
 that caused it.  
 Saw Podiatrist who gave Vioxx.

Pt got 70% pain relief on day of last treatment  
 Today pt still has 50% of the improvement (50% relief - 20% return in 14 days)

*filled 1-4*  
 Evaluation of pt showed the R leg to appear thinner than  
 the L. The R leg by 10 1/8". The leg 10 1/2" looks like more than that.  
 When evaluated feet + found the L foot to be tighter than the R.  
 She had been pushing this foot Hard into a foot massager when  
 the pain developed. This area is the area that is stiff + ~~down~~.  
 The foot was treated using anatomical debridement procedures  
 to a good deal of relief. Tarsal tunnel was quite Red B/4 treatment is described.  
 Prior to this pt was treated w/ Cort + Steroid again.

At the time there was heel pain - Distal Calcaneus - mid line,  
 Proximal plantar fascial pain + plantar foot medial + lateral pain  
 Flaw - Hallux longer + 2nd longer longer.

When the foot + ankle treated was. Completely pt was comfortable able to  
 walk. She, over a period of ~ 2 min confident + obviously quite a  
 bit more comfortable walking

11-20-00 Hx B out 11-17

12-2-00 Canceled

out